FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

u.s. post office delayed;

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE O	NLY	
Prefix	1		Serial
	DATE RECE	JVED .	

Name of Offering ( check if this is an amendment and name has changed, and indicate changed	
FC Investors, LLC - \$7,000,000 in Series A, B and C Membership Interests	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate changes)	
FC Investors, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Michael Area Code)	
1035 Powers Place, Alpharetta, GA 30004 (800) 845-1695	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	
(if different from Executive Offices)	
Brief Description of Business DROCESCED	_
Owner of nursing home and assisted living facilities	
The second state and assisted in might be made a	
Owner of nursing home and assisted living facilities  PROCESCI-D  MAR 05 2002 //67872	
Type of Business Organization  P MAR 0 5 2002 //67872  THOMSUN	
Type of Business Organization  P MAR 0 5 2002 //67872  THOMSUN	
Type of Business Organization THOMSUN	
Type of Business Organization Corporation	
Type of Business Organization Corporation	
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed business trust limited partnership, to be formed company	
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed business trust limited partnership, to be formed Month Year	
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization:    Month Year   Actual   Estimated   Estimated	

#### **GENERAL INSTRUCTIONS**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2/99) 1 of 8

		A. BASIC IDENTI	FICATION DATA		
2. Enter the information req	uested for the fo		HEATIONDAIN		
* Each promoter of the	e issuer, if the iss	ue has been organized wi	thin the past five years;		
<ul> <li>Each beneficial own securities of the issue</li> </ul>		wer to vote or dispose, o	or direct the vote or dispe	osition of, 10%	or more of a class of equity
* Each executive office	er and director of	f corporate issuers and of	corporate general and ma	naging partners	s of partnership issuers; and
* Each general and ma	naging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, FC Investors, Inc.	if individual)				
Business or Residence Addr 1035 Powers Place, Alj		and Street, City, State, Zi 30004	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Fishman, Steven E.	if individual)				
Business or Residence Addr 101 West Avenue, Jenk	•	and Street, City, State, Zi 9046	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Whitman, Arnold M.	if individual)				· ·
Business or Residence Address 1035 Powers Place, Alp	`	and Street, City, State, Zi 30004	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Lentz, Gregory C.	if individual)				
Business or Residence Addre 101 West Avenue, Jenk	,	and Street, City, State, Zi 9046	p Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Sertich, Christopher M.					
Business or Residence Address 1035 Powers Place, Alp		and Street, City, State, Zip 30004	p Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number a	and Street, City, State, Zij	p Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number a	and Street, City, State, Zij	p Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

<del></del>				B.	INFORM	IATION .	ABOUT (	OFFERIN	G				
1. Has	the issuer se	old, or doe	s the issue	er intend to	sell, to n	on-accred	ited invest	ors in this	offering?.			Ye	_
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?										\$_	1.00		
	3. Does the offering permit joint ownership of a single unit?									Υe	es <u>No</u>		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any									_	ليا			
com If a or st	er the information of some some some some some some some some	similar ren listed is a name of t	nuneration n associat the broker	for solici ed person or dealer.	tation of p or agent o If more	ourchasers of a broker than five (	in connector or dealer 5) persons	tion with registered to be list	sales of se with the	curities in SEC and/o	the offeri or with a st	ng. ate	
Full Na	me (Last nai	me first, if	individua	l)			-						
+	N/A			<del></del>	lm!				<del></del>				
Busines	s or Resider	ice Addres	s (Numbe	r and Stre	et, City, S	tate, Zip C	lode)						
Name o	f Associated	Broker or	· Dealer										
Traine of	1 1 1550014100	. Broket of	Deale.										
States in	n Which Per	son Listed	Has Solic	ited or Int	ends to So	olicit Purc	hasers						
	"All States"												All States
[AL]		[ AZ ]		•	[ CO ]	[ CT ]	[ DE ]	[DC]	[FL]	[GA]	[ HI ]	[ ID ]	
[[L]	[ IN ]	[ IA ]	[KS]	[KY]	[ LA ]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO]	
[MT]	[NE]	[ NV ]	[ NH ]	[ NJ ]	[NM]	[NY]	[NC]	[ND]	[ OH ]	[OK]	[ OR ]	[PA]	
[RI]	[SC]	[SD]	[TN]	[ TX ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	ne (Last nar	ne first, if	individual	)				<u> </u>					
1													
Busines	s or Residen	ice Addres	s (Numbe	r and Stree	et, City, St	tate, Zip C	ode)						
1			·										<u> </u>
Name of	f Associated	Broker or	Dealer										
†					1 6		<del></del>	<del></del>					
	Which Per												
•	"All States"												All States
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[RI]	[SC]	[SD]	[TN]	_[ TX ]	[UT]	[VT]	[VA]	[WA]	[WV]	[ WI ]	[WY]	[ PR ]	
Full Nar	ne (Last nar	ne iirsi, ii	individuai	.)									
Rusines	s or Residen	ce Addres	s (Number	r and Stree	at City St	ate Zin C	oda)				<del> </del>		
Dusines	s of Residen	·	s (IAUIIIOCI	and Street	it, City, Si	ate, Zip C	oue)						
Name of	f Associated	Broker or	Dealer										
States in	Which Pers	son Listed	Has Solic	ited or Inte	ends to So	licit Purcl	nasers			<del> </del>			
	'All States"									••••		🗆	All States
'[ AL ]	[ AK ]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[ CT ]	[DE]	[DC]	[FL]	[ GA ]	[ HI ]	[ ID ]	
[IL]	[ IN ]	[ IA ]	[ KS ]	[KY]	[ LA ]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[MO]	
[MT]	[NE]	[ NV ]	[ NH ]	[ NJ ]	[NM]	[ NY ]	[NC]	[ ND ]	[ OH ]	[ OK ]	[OR]	[PA]	
[RI]	[SC]	[ SD ]	[TN]	[ TX ]	[UT]	[ VT ]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggrega ffering F		A	Amount Iready Sold
	Debt		0		\$	•
	Equity		<del></del> 0		\$ \$	0
	Common Preferred	Φ			J	
	Convertible Securities (including warrants)	\$	0		S	0
	Partnership Interests		0		\$	0
	Other (Specify <u>limited liability company membership interests</u> )	_	7,000,00	)()	\$	6,965,014
	Total		7,000,00			6,965,014
	Answer also in Appendix, Column 3, if filing under ULOE.	<b>_</b> _	7,000,00	,,,		0,700,01
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					·
			Numbe Investor		Do	Aggregate Illar Amoun f Purchases
	Accredited Investors		11		S	6,965,014
	Non-accredited Investors		00		\$	0
	Total (for filings under Rule 504 only)		0		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
			Type o	f	Do	llar Amoun
	Type of offering		Securit	у		Sold
	Rule 505				\$	
	Regulation A				<b>S</b>	
	Rule 504				<b>S</b>	
	Total				\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				\$	0
	Legal Fees			$\boxtimes$	\$	5,000
	Accounting Fees				\$	0
	Engineering Fees				\$	0
	Sales Commissions (specify finders' fees separately)				\$	0 -
	Other Expenses (identify)				\$	0
	Total			$\boxtimes$	\$	5,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<u>                                     </u>	C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE	OF P	ROCEI	EDS		
	b. Enter the difference between the aggregate of Question 1 and total expenses furnished in response the "adjusted gross proceeds to the issuer."				\$ <u>6,9</u>	95,000		
5.	Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount estimate and check the box to the left of the esting equal the adjusted gross proceeds to the issuer seabove.	int for any purpose is not known, furnis mate. The total of the payments listed in	h an must					
				to C Dir	yments Officers, rectors, Affiliates			ments to others
	Salaries and fees			\$	0		\$	0
	Purchase of real estate			\$	0	. 🗆	\$	0
	Purchase, rental or leasing and installation of	machinery and equipment		\$	0		\$	0
	Construction or leasing of plant buildings an	\$	0		s	0		
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e assets or securities of another		\$	0	$\boxtimes$	<b>\$</b> 60	95,000_
	Repayment of indebtedness			\$ \$			\$ <u></u> \$	0
	Working capital			\$ \$		. 🗆	\$ \$	0
	Other (specify):		_	3 \$		. []	3 \$	0
	Other (specify).		. 니	هــــ	0	. ⊔	ъ <u></u>	
				\$	0		\$	0
	Column Totals			\$	00		\$	0
	Total Payments Listed (column totals added)				$\boxtimes$	\$ <u>6,9</u>	95,000	_
		D FEDERAL SIGNATURE						
fol	e issuer has duly caused this notice to be signed by owing signature constitutes an undertaking by the uest of its staff, information furnished by the issuer	issuer to furnish to the U.S. Securities	and E	Exchai	nge Con	nmissio	n, upon	
Iss	er (Print or Type)	Signature			I	Date /		
FC	Investors, LLC					1//5	lo v	
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)			/			
Ste	ven E. Fishman	President of Manager						

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	See App	endix, Column 5, for state response.						
2.	. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to the offerees.							
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	e issuer has read this notification and knows the cordersigned duly authorized person.	ntents to be true and has duly caused this notice to be	signed on its behalf by the					
Issuer (Print or Type)		Signature	Date					
F	C Investors, LLC		1/10/00					
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						

President of Manager

### Instruction:

Steven E. Fishman

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	<u> </u>	2	3	5 Disqualification						
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	LLC Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL				j.						
AK										
AZ										
AR							-			
CA										
СО										
СТ		X	\$7,000,000	1	\$500,001				X	
DE										
DC										
FL	_									
GA		X	\$7,000,000	2	\$982,503				X	
ні										
ID										
IL		X	\$7,000,000	1	\$1,000,001				X	
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
Mi										
MN										
MS										
МО										

APPENDIX

1		2	3		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)						
State	Yes	No	LLC Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ					<del>-</del> + -				
NE									
NV									-
NH									
NJ									
NM									
NY		Х	\$7,000,000	б	\$3,500,006				X
NC									
ND									
ОН			' -						
OK									
OR									
PA		X	\$7,000,000	1	\$982,503				X
RI				·					
SC									
SD		· .		ı					
TN									
TX									
UT									
VT					·				
VA									
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PR									